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						PAID BY
	(Departm	nent, bureau, or establishment)				
ared at		(Give place and date)				
		Discount Terms				
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(Address)		Pos No	Date		Invoic	ce Rec'd.
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Date of T	distant description i	ARTICLES OR SERVICES	T	UNIT	PRICE	AMOUNT
Date of Delivery or Service	schedule, and	other information deemed necessary)		Cost	Per	
				Ţ		\$ 2,755.22
	88	(Orig. Inv. Att)		ļ		2,633.92
	89	(Orig. Inv. Att)				31,506.00
	90	(Orig, Inv. Att)				3,150.60
	91	(Orig. Inv. Att)				23,506.67
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			_	TOTAL		\$65,903.08
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						1 6590308
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<u> </u>		Pursuant to	authority ve	ested in m	ne, I cert	tify that
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	SE OF THIS FORM MUST BE	EXECUTED WHEN PURCHASES AR		_	Y	Y FORM
111	38 ICOM MOO	TION (Appropriation Symbol must be sl	hown, other	Mesition	rtion on	
	Edger (Payee)  [Address]  TE 2191  Date of Delivery or Service	Edgerton, Germash (Payee)  [Address]  TE 2191 Date  Date of Delivery Enter description, is schedule, and schedule, and 90 91 92	Edgerton, Germashausen & Grier, Inc.  (Poyce)  (Address)  TE 2191  Date  Req. No.  Weight  ARTICLES OR SERVICES  Or Service  Trivolce No.  87 (Orig. Inv. Att)  88 (Orig. Inv. Att)  89 (Orig. Inv. Att)  90 (Orig, Inv. Att)  90 (Orig. Inv. Att)  91 (Orig. Inv. Att)  92 (Orig. Inv. Att)  92 (Orig. Inv. Att)  93 (Orig. Inv. Att)  94 (Orig. Inv. Att)	Edgerton, Germashausen & Grier, Inc.  (Payee)  TE 2191  Date  Req. No.  Weight  ARTICLES OF SERVICES  Date of Delivery (Enter description, item number of contract or Federal supply or Service  Tovoice No.  87 (Orig. Inv. Att) 88 (Orig. Inv. Att) 90 (Orig. Inv. Att) 90 (Orig. Inv. Att) 91 (Orig. Inv. Att) 92 (Orig. Inv. Att) 91 (Orig. Inv. Att) 92 (Orig. Inv. Att) 93 (Orig. Inv. Att) 94 (Orig. Inv. Att) 95 (Orig. Inv. Att) 96 (Orig. Inv. Att) 97 (Orig. Inv. Att) 98 (Orig. Inv. Att) 99 (Orig. Inv. Att) 99 (Orig. Inv. Att) 90 (Orig. Inv. Att) 91 (Orig. Inv. Att) 92 (Orig. Inv. Att) 93 (Orig. Inv. Att) 94 (Orig. Inv. Att) 95 (Orig. Inv. Att) 96 (Orig. Inv. Att) 97 (Orig. Inv. Att)	Edgerton, Germashausen & Grier, Inc.    Page	Edgerton, Germashausen & Grier, Inc.  [Poyee]  [Address]  TE 2191  Date  Req. No.  Weight  Sovt. 8/1 No.  ARTICLES OR SERVICES  Or Service  ARTICLES OR SERVICES  Or Service  Or Service  Thyolice No.  87 (Orlg. Inv. Att)  88 (Orig. Inv. Att)  89 (Orig. Inv. Att)  90 (Orig. Inv. Att)  91 (Orig. Inv. Att)  91 (Orig. Inv. Att)  92 (Orig. Inv. Att)  91 (Orig. Inv. Att)  92 (Orig. Inv. Att)  93 (Orig. Inv. Att)  94 (Orig. Inv. Att)  95 (Orig. Inv. Att)  97 (Orig. Inv. Att)  98 (Orig. Inv. Att)  99 (Orig. Inv. Att)  90 (Orig. Inv. Att)  91 (Orig. Inv. Att)  92 (Orig. Inv. Att)  Pursuant to authority vested in me, I cert this value of the correct and chapter fall or

Sanitized Copy Approved for Release 2010/06/08: CIA-RDP65-00523R000100180004-9 Standard Ferm No. 1034 \* FGAO 5030 1034–107 VOUCHER FOR PURCHASES AND D.O. VOU. NO. PUB ICES OTHER THAN PERSONAL Use continuation sheet(s) if necessary PAID BY Contracting Officer (Department, bureau, or establishment) Voucher prepared at \_\_\_ (Give place and date) Payee's Account No. \_\_\_\_\_ Discount Terms Edgerton, Germeshausen & Grier, Inc. (Address) Date 4/26/57 Invoice Rec'd. Contract No. TE 2191 Req. No. Date Govt. B/L No. Weight Shipped from UNIT PRICE ARTICLES OR SERVICES AMOUNT Enter description, item number of contract or Federal supply Quantity No. and Date of Date of Deliver Cost schedule, and other information deemed necessary) Order or Service \$2,755.22 Fixed Fee July 1960 TOTAL (PAYEE MUST NOT USE THIS SPACE) PAYMENT: DIFFERENCES . COMPLETE PARTIAL FINAL Amount verified; correct for **PROGRESS** (Signature or initials)\_ ADVANCE Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment. † Approved for \_ By\_ (Authorized Certifying Officer) Title . =\$1.00Exchange rate\_ THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) \_ on Treasurer of the United States Check No. Check No. \_\_ Paid by

† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_\_", and over his official title.

\* When used in foreign countries, insert name of currency of country in which used.

Payee

# Sanitized Copy Approved for Release 2010/06/08 : CIA-RDP65-00523R000100180004-9 Standard Form No. 14.35 Pull Voucher for D Services Other Than Personal

o and Data	Date of	ARTICLES OR SERVICES	OHAN	UNIT	PRICE	AMOUNT	
o. and Date of Order	Date of Delivery or Service	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	Cost	Per		
		Costs- July 1960 Fixed Fee (10% of above) Fixed Fee Previously Billed Amount of this Voucher				\$27,552. 2,755. -0- \$ 2,755.	
	and	ertify that the Fixed Fee claimed is correct that it is proportionate to the progress m tract."	t and ade on	just; the			
		EDGERTON, GERMESHAUSEN & GRIER, INC.			S	STAT	
	:						

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. <b>S</b> .	Contracti	ng Officer					PAID BY
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oucher prep	pared at	(Give place and	30 Sept	<u>tember l</u>	960	17/2	8432.11
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ayee's Acco	ount No	Discount Tel	'ms	,		-   `	
0	Edgerton,	Germeshausen & Grier, In	c.			-	
	(Payee)					ļ	
	(Address)					. L	
ontract No. <sup>TE</sup>	2191	Date 4/26/57 Req. No.		Date		Invoic	e Rec'd.
nipped from	-	to Weight		(	Govt. B/L	. No.	
le and Date of	f Date of Deliver	ARTICLES OR SERVICES  (Enter description, item number of contro		ly Oumain	UNIT	PRICE	AMOUNT
Order	or Service	schedule, and other information dee	med necessary)	Godinity	Cost	Per	•
		Fixed Fee August 1960					\$2,633.92
							4
					TOTAL		126339
	<u> </u>	(PAYEE MUST N	OT USE THIS SPA	(CE)			
AYMENT:		·	!	DIFFERENCES			
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Approved for	r	=\$	this voucher				ment.
itle			(Autho	rized Certifying	Officer)		(Date)
		<b>=\$1.00</b>					
xchange rate							TAT9
	THE REVERS	SE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE TING CLASSIFICATION (Appropriation S					

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### Services Other Than Personal

SC	ontracting (	3 Officer Department, bureau, or establishment)				eau Voucher No
. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PR	ICE Per	AMOUNT
		Costs-August 1960 Fixed Fee (10%of above) Fixed Fee Previously Billed Amount of this Voucher				\$26,339.24 2,633.92 -0- \$ 2,633.92
	"I ce and t Contr	rtify that the Fixed Fee claimed is hat it is proportionate to the progract."  EDGERTON, GERMESHAUSEN & GRIER, I	cess ma	t and ju	ıst; ne	
		5116	er			STAT

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Ston-ford Form No. 1034 27 GAO 5030 1034–107

### PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

D. O. VOU. NO	

80

•	Use continuation sheet(s) if necessary		BU. VOU.	NO	09
J. S Contracti					PAID BY
	(Department, bureau, or establishment)				4
oucher prepared at	Give place and date)	ovember :	1960	-	nef #3 2-8433-60
				DF.	1-8433-60
ayee's Account No	Discount Terms				1 ~
<ul><li>Edgerton,</li></ul>	Germeshausen & Grier, Inc.				•
(Payee)		-			
(Address)					
ontract No.TE-2191 hipped from	Date 4/26/57 Req. No.	Date	Govt. B/L N	Invoice F	Rec'd.
lo, and Date of Date of Delive	ARTICLES OR SERVICES		UNIT PR	ICE	AMOUNT
Order or Service	(Enter description, Item number of contract or Federal sup schedule, and other information deemed necessary)	Ply Quantity	Cost	Per •	
	Month of September 1960				
	Materials & Services				¢ 8 000 F0
	Direct Labor				\$ 8,880.50 11,115.34
	Travel Expense	ļ			663.33
	Burden			ļ	8,245.42
	G & A				2.601.41
					2,601.41 \$31,506.00
					<b>7</b> 5, <b>7</b>
				İ	
			TOTAL		\$31,506.00
YMENT:	(PAYEE MUST NOT USE THIS SPA	(CE)	TOTAL		Ψ31,700.007
ITMENT:		DIFFERENCES			
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FINAL				1.7	
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Approved for	Pursuant to	authority ves is correct an	ted in me, I	certi <del>.,</del>	<u>u</u>
	— V — IIIIS VOUCTIEF	is correct or	ia proper foi	paymen	1.
tle		ized Certifying C	Officer)		(Date)
change rate					STAT
THE REVER	SE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECUE	ED WITHOUT WRIT	TEN AGREEMENT IN	ANY FORM	
ACCOUN	TING CLASSIFICATION (Appropriation Symbol must be sh	nown; other o	lassification	optional)	
					. 144
1 64 4 54	on Treasu	rer of the U	nited States		
id by Check No	on		(Name	of Bank)	
Cash. \$	, on, 19P	avee			
† If the ability to certify and authorit	by to approve are combined in one person, one signature only is nec-	er			
ary; otherwise the approving officer we or his official title.	rill sign on the line below "Approved for \$", and Ti	tle			

Sanitized Copy Approved for Release 2010/06/08: CIA-RDP65-00523R000100180004-9

## Services Other Than Personal

	Date of	ARTICLES OR SERVICES	OVAN	UNIT	PRICE	AMOUNT
No. and Date of Order	Delivery or Service	(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	Cost	Per	
		Materials & Services \$8,880.50 Direct Labor 11,115.34 Travel Expense 663.33 *Burden 8,245.42 Total Direct Costs G & A				\$28,904.59
		Total Direct Costs @ 9%				2,601.41
		*Burden: September Non Premium Dire 80% of \$10,306.77-\$8,245.42	ect Lab	or		\$31,506.00

Sanitized Copy Approved for Release 2010/06/08: CIA-RDP65-00523R000100180004-9 Standar orm No. 1034 7 GAO 5030 E VOUCHER FOR PURCHASES AND D.O. VOU. NO. .... PUB 1034-107 SERVICES OTHER THAN PERSONAL BU. VOU. NO.\_ Use continuation sheet(s) if necessary Contracting Officer (Department, bureau, or establishment) 10 November 1960 Voucher prepared at \_ (Give place and date) Payee's Account No. \_\_\_\_\_ Discount Terms \_ Edgerton, Germeshausen & Grier, Inc. (Address) Date 4/26/57 Contract No. TE-2191 Req. No. Date Invoice Rec'd. Govt. B/L No. Weight Shipped from ARTICLES OR SERVICES UNIT PRICE **AMOUNT** No. and Date of Date of Delivery Enter description, item number of contract or Federal supply Quantity Cost Per or Service schedule, and other information deemed necessary) \$3,150.60 Fixed Fee September 1960 TOTAL (PAYEE MUST NOT USE THIS SPACE) PAYMENT. DIFFERENCES \_\_ COMPLETE PARTIAL FINAL Amount verified; correct for. PROGRESS (Signature or initials) ADVANCE Pursuant to authority vested in me, I cermy man † Approved for \_ this voucher is correct and proper for payment. By \_\_\_\_ (Authorized Certifying Officer) (Date) Title \_\_ \_\_\_\_=\$1.00 STAT Exchange rate \_\_\_ THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional) Check No. \_\_\_\_\_\_ on Treasurer of the United States Check No. \_\_\_ Paid by (Name of Bank) \* When used in foreign countries, insert name of currency of country in which used. † If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$\_\_\_ Title\_

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#### blic Voucher for Purchases and Services Other Than Personal

and Date	Date of Delivery	ARTIC	CLES OR SERVICES	F	QUAN-	UNIT	PRICE	AMOUNT
	or Service	(Enter description, item schedule, and othe	r information deemed	Federal supply necessary)	QUAN- TITY	Cost	Per	
		Costs-Septem	ber 1960					\$31,506.00
		Fixed Fee (I	.0% of above) eviously Bill	leđ		1		3,150.60
		Amount of th	is Voucher	.cu				\$ 3,150.60
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	Contract	<b>!</b>	n	ł				
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# Sanitized Copy Approved for Release 2010/06/08 : CIA-RDP65-00523R000100180004-9 Standard Form No. 1034 PUEC VOUCHER FOR PURCHASES AND D. O. VOU. NO. \_\_\_\_\_\_\_

D. O. VOU. NO.	

	Om	000:				DAID BY
U. S	Contracti		au, or establishment)			PAID BY
Voucher pi	repared at		10	November :	1960	land 4
						Jenef. #5
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то	Edgerton.	Germeshausen & G	rier. Tnc.			1 2
	(Payee)	dormonia a di	2227			
	(Address)					
Contract No.		Date 4/26/57				/
Contract No. Shipped from		Date4/ 20/ 7 (	Req. No. Weight	Date	inv Govt. B/L No.	oice Rec'd.
	1	APTICIE	S OR SERVICES		UNIT PRICE	AMOUNT
No. and Date Order	of Date of Delive	(Enter description, item nur schedule, and other in	mber of contract or Federal formation deemed necessar	supply Quantity	Cost Pe	
		Month of Octobe	er 1060			
		PIOLOGI OF OCCODE	U1 1900			
		Direct Labor				\$10,974.40
		Materials & Ser	rvices			1,744.03
		Travel Expense				776.27
		Burden				8,071.05
		G & A				1,940.92 \$23,506.67
						\$23,506.67
					TOTAL	\$23,506.67
PAYMENT:		(PA)	YEE MUST NOT USE THIS	SPACE)		
COMPLETE	_			DIFFERENCES		
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FINAL	片					
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t Approved f	or	=\$		ther is correct ar		
The second secon					•	
		*1.00	A)	uthorized Certifying C	Officer)	STAT <sub>ate)</sub>
exchange rate		=\$1.00	•			
		ISE OF THIS FORM MUST BE EXECUTED WHE				
	ACCOUN	ITING CLASSIFICATION (App	propriation Symbol must b	e shown; other o	lassification op	tional)
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#### Services Other Than Personal

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lo. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal su schedule, and other information deemed necessary)	QUAN- TITY	UNIT	PRICE	AMOUNT
October N	on Premiu	Direct Labor \$10,974 Materials & Services 1,744 Travel Expense 776 *Burden 8,071 Total Direct Costs G & A Total Direct Costs @ 9%  *Burden: Direct Labor \$10,088.81 @80%-\$8	.03 .27 .05			\$21,565.75 1,940.92 \$23,506.67

TO Edgerton, Germeshausen & Crier, Inc.    Indexest    Contract No.TE-2191   Date 14/26/57   Req. No.   Date   Invoice Rec'd.	Date 4/26/57 to  ARTICLE  Very (Enter description, item num schedule, and other interesting to the content of t	continuation sheet(s) if necess  in, or establishment)  (Give place and date)  iscount Terms  Ler, Inc.  Req. No.  Weight  S OR SERVICES abor of contract or Federal	November Date	1.960 In:	PAID BY  Lore fitt C.  DPD 8433-60
Comparison   Com	(Department, bured)  Department, bured)  Department, bured)  Date 14/26/57  to  ARTICLE  Very (Enter description, item nume schedule, and other interpretation)	(Give place and date) iscount Terms er, Inc.  Req. No. Weight 5 OR SERVICES abor of contract or Federal	Date	In: Govt. B/L No.	DPD 8433-60
TO Edgerton, Germeshausen & Crier, Inc.    Contract No.TE-2191   Date 14/26/57   Req. No.   Date   Invoice Rec'd.	Date 4/26/57 to  ARTICLE Very (Enter description, item num schedule, and other int	(Give place and date) iscount Terms er, Inc.  Req. No. Weight 5 OR SERVICES abor of contract or Federal	Date	In: Govt. B/L No.	
TO Edgerton, Germeshausen & Crier, Inc.  (Address)  Contract No.TE-2191 Date 14/26/57 Req. No. Weight Govt. B/L No.  No. and Date of Delivery Enter description, item number of contract or federal supply Order or Service  Fixed Fee October 1960 \$2,350.67  PAYMENT:  COMPLETE   PARTIAL	Date 14/26/57 to  ARTICLE Very (Enter description, item num schedule, and other inter	Req. No. Weight S OR SERVICES	Date	In: Govt. B/L No.	
TO Edgerton, Germeshausen & Crier, Inc.    Invoice Rec'd.   Invoice Rec'd.	Date 4/26/57 to  ARTICLE Very (Enter description, item num schedule, and other int	Req. No. Weight S OR SERVICES	Date	In: Govt. B/L No.	
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Contract No.TE-2191   Date 14/26/57   Req. No.   Date   Invoice Rec'd.	Date ½/26/57 to  ARTICLE Very (Enter description, item num schedule, and other int	Req. No. Weight S OR SERVICES aber of contract or Federal	Date	In: Govt. B/L No.	voíce Rec'd.
Contract No. TE-2191 Date 1/26/57 Req. No. Date Govt. 8/L No.  Shipped from to Weight Govt. 8/L No.  ARTICLES OF SERVICES CONTRACT or Federal supply or Service or Se	to ARTICLE Very (Enter description, item nun schedule, and other int	Weight S OR SERVICES aber of contract or Federal	<del></del>	Govt. B/L No.	voíce Rec'd.
Shipped from to Weight Govt. B/L No.  No. and Date of Date of Delivery (Enter description, item number of contract or Federal supply or Service)  Fixed Fee October 1960  Fixed Fee October 1960  (PAYEE MUST NOT USE THIS SPACE)  PARTIAL   PROGRESS   Amount verified; correct for Approved for	to ARTICLE Very (Enter description, item nun schedule, and other int	Weight S OR SERVICES aber of contract or Federal	<del></del>	Govt. B/L No.	voíce Rec'd.
Shipped from to Weight Govt. B/L No.  No. and Date of Date of Delivery (Enter description, item number of contract or Federal supply or Service)  Fixed Fee October 1960  Fixed Fee October 1960  (PAYEE MUST NOT USE THIS SPACE)  PARTIAL   PROGRESS   Amount verified; correct for Approved for	to ARTICLE Very (Enter description, item nun schedule, and other int	Weight S OR SERVICES aber of contract or Federal	<del></del>	Govt. B/L No.	Total Rec G.
No. and Date of Delivery (Inter description, item number of contract or Federal supply Order or Service (Inter description, item number of contract or Federal supply Cost Per	Very (Enter description, item num e schedule, and other int	nber of contract or Federal	supply Quantity	,	
PAYMENT:  COMPLETE PARTIAL PROGRESS ADVANCE  TApproved for By Title  SExchange rate  \$1.00  THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM  FINAL  AMOUNT Verified; correct for (Signature or initials)  His voucher is correct and proper for payment.  (Authorized Certifying Officer)  STAT	schedule, and other in	ormation deemed necessar	SUPPLY GUARTITY	UNIT PRICE	AMOUNT
PAYMENT:  COMPLETE PARTIAL PROGRESS ADVANCE  TApproved for SPA  Approved for SPA  Amount verified; correct for (Signature or initials)  Amount verified; correct for (Signature or initials)  Approved in me, I certify this voucher is correct and proper for payment.  Approved for SPA	Fixed Fee Oct		y)	Cost Pe	) <b>r</b> •
PAYMENT:  COMPLETE   DIFFERENCES    PARTIAL   FINAL   FINAL   PROGRESS   ADVANCE    ADVANCE   Pursuant to authority vested in me, I certify this voucher is correct and proper for payment.  By		ober 1960			\$2,350.67
PARTIAL   FINAL   PROGRESS   Amount verified; correct for   2.350.6    ADVANCE   Signature or initials)   Pursuant to authority vested in me, I certify many this voucher is correct and proper for payment.  By	(PA)	EE MUST <b>NOT</b> USE THIS	· ·		#2,350.67
Amount verified; correct for			l ———		4
ADVANCE (Signature or initials)  ### Approved for					A
Pursuant to authority vested in me, I certify many this voucher is correct and proper for payment.  By			Amount ver	ified; correct fo	, 72350.61
this voucher is correct and proper for payment.  By			(Signature o	or initials)	
Title		this vou			•
THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM			Authorized Certifying (	Officer)	STAT
		-		-	
ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)					
	JATING CLASSIFICATION (App	propriation Symbol must b	e snown; other	ciassification of	orional)
		=\$ =\$ 1.00 EVERSE OF THIS FORM MUST BE EXECUTED WHE	Pursuant this vous this vous = \$	DIFFERENCES  Amount ver (Signature of this voucher is correct and the second of the se	(PAYEE MUST NOT USE THIS SPACE)    DIFFERENCES   Amount verified; correct fo (Signature or initials)   = \$ Pursuant to authority vested in me, I ce this voucher is correct and proper for p   t (Authorized Certifying Officer)   = \$1.00

Sanitized Copy Approved for Release 2010/06/08: CIA-RDP65-00523R000100180004-9

Services Other Than Personal

O. S. Scheet No. 1 of Bureau (Department, bureau, or establishment)						
lo. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY		PRICE	AMOUNT
		solveduc, and other information deemed necessary)	 	Cost	Per	
		Costs-October 1960				\$23,506.67
		Fixed Fee (10% of above)				2,350.67
		Fixed Fee Previously Billed Amount this Voucher				-0-
						2,350.67
	"I certi	Ty that the Fixed Fee claimed is corr	ect at	nd inc	٠.	
	and that Contract	110 15 proportionate to the progress!	made	on the	و م ا	
	Contract		1		ĺ	
	Γ	EDGERTON GERMENHALISEN & CRIED, INC	; <b>.</b>			
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